

Southside Volunteer Medical Reserve Corps Demonstration Project

Summary Public Health Impact Statement

Description of Population: The residents and visitors of the three counties that comprise the Southside Health District (the District) in Virginia, who have potential needs for medical care and sheltering in emergency or disaster situations, are the target population for this proposal. According to the 2000 census there are about 88,000 year-round residents. In the summer months, the population of the District swells to an additional 1.5 million people who visit various parks, auto racing events, and Buggs Island/Kerr and Gaston Lakes.

Although the Southside Health District is rural, the three counties have several highways used for evacuation routes from the Eastern Tidewater and Central Virginia areas. The Eastern Tidewater area of Virginia has about 1.75 million people (about 25% of the state population) living there. The American Red Cross in the Tidewater area plans for about 300,000 – 350,000 people to evacuate the area in an emergency and of those about 35,000 will seek public shelter. The District estimates it can handle about 1200 people for sheltering. Even if we used almost all available space, we could handle about 3,000 people with a potential shelter deficiency of about 32,000 people. A mass evacuation or disaster in the district or in the Tidewater area would severely tax facilities and staff in the District.

In addition to dealing with emergencies, the District plans to use the MRC to help with mass vaccinations/dispensing and public health campaigns. It would be very helpful to district residents to have outreach screening, referrals, and education on blood pressure, diabetes, exercise and obesity to help mitigate the most prevalent and deadly diseases affecting them. The District lies in what is known as the “Kidney, Stroke and Heart Disease belts”. Most recent statistics show the death rate from Heart Disease, Cancer, Diabetes, Strokes, Kidney and Respiratory diseases, etc. are all significantly higher than the state averages. See Appendix 10 for details. The District demographic profile shows citizens in the three counties are poorer, less educated, more isolated and older than Virginia as a whole; all of which increase the amount of resources needed to reach the population and effectively serve them. See Appendix 9.

Summary of Services to be Provided: In the first year, the Project will develop and maintain a registry of volunteer health care professionals living in the Southside Health District. A recruitment plan will be established to enroll volunteers in the Southside Volunteer Medical Reserve Corps. Staff

will verify credentials of all licensed and certified volunteers. Those who do not have a license, but are interested will be trained to help with questionnaires, forms and client education. MRC staff will assist the Southside Health District Emergency Planner, the Emergency Operations Coordinators in each of the three counties, update and maintain agency contact information listed in the *Emergency Operations Plans* as well as participate in risk assessment and partnership building.

An advisory committee will be convened from the public health staff, community groups and local government agencies. The Emergency planner is already working with the Citizens' Corps in Brunswick County, the two hospitals in the district, the local governments, schools, two Red Cross chapters and church groups. Many of these have indicated a willingness to participate on an advisory committee for the MRC. This committee will hold meetings at least quarterly, assuring that project activities are coordinated with existing public health, school, churches and emergency services. Training and certification needs will be assessed informing the development of training and certification plan for year two of the grant. Trained volunteers will be available to assist in both urgent and generalized public health situations and issues throughout the year.

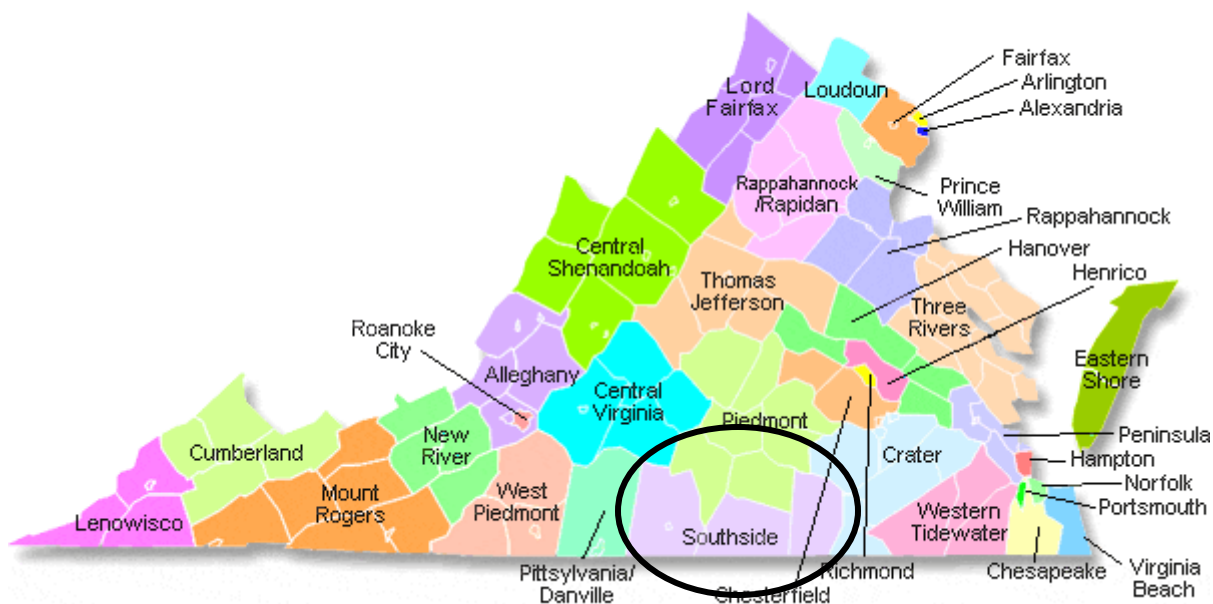
Description of Coordination with Local and State Health Agencies: Project staff will meet with the Southside Emergency Planner weekly for the first four months, then as needed with a minimum of once monthly and with the Southside Health District Director at least quarterly. Staff will provide the Virginia Department of Health and DHHS with information upon request, including core data elements of the registry and will participate as requested in meetings that will assist the Virginia Department of Health to coordinate similar projects.

Background

Southside Health District (the District) comprises three rural counties in the south central area of Virginia; Brunswick, Halifax and Mecklenburg counties. It is a poor rural area located along the central North Carolina-Virginia border with a land area of 2,009 square miles surrounding one of the largest inland lakes in the United States.



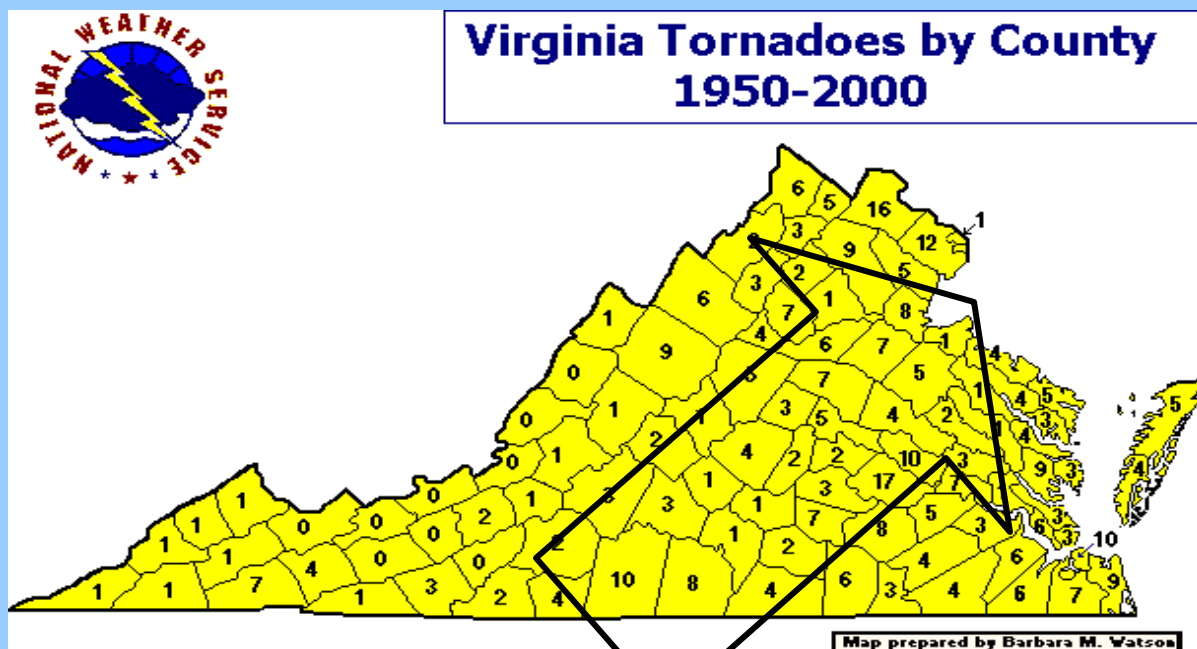
Southside Health District



The District is spread out with one major highway, US Route 58 as the primarily connection, and traveling time of about 2 hours from one end to the other. The population density is a quarter of the state's density, with 42-45 people per square mile compared to 179 per square mile for the state.

An assessment of the area shows no known targets for terrorists except those we have in common with the rest of the nation, i.e., drinking water supply and airports. However, we cannot be certain that the area contains no potential target as seen in the eyes of terrorists. Potential terrorist targets in the area are two racing tracks (NASCAR & International) in Halifax County, two large state parks, two electrical power generating facilities, and a natural gas pipeline.

Since 1871, 123 hurricanes and tropical storms have affected Virginia taking 228 lives and costing the Commonwealth over a billion dollars in damages. The eye or center of 69 tropical cyclones has tracked directly across Virginia. Eleven have made landfall on or close (within 60 miles) to the Virginia Coast. Hurricanes often spawn tornadoes across Mid-Atlantic region that have, at times, been strong and deadly. **Hurricane David** in 1979 spawned 34 tornadoes, of which, eight were in Virginia. The District and surrounding counties is in the “tornado alley” of Virginia.



Source: Virginia Department of Emergency Management

The most obvious threat to the region is from natural disasters in the form of hurricanes, tornadoes, severe winter weather and flooding. The District receives more winter storms in the form of ice and freezing rain than snow. We have had to power outages in many areas for up to two weeks during severe winter storms. Last year, we worked with the American Red Cross to provide “warming” shelters in Halifax and Mecklenburg Counties during power outages. Our higher percentage of the

frail elderly makes the population highly vulnerable to the effects of both natural and man-made disasters as well as other acute and chronic public health threats.

In addition to the regular infectious diseases, the recent advent of serious infectious diseases, such as SARS, makes the district is very vulnerable because of an older population and having only two small hospitals in the district. We calculate that two simultaneous cases of SARS in two counties would exhaust our public health resources in providing epidemiological, palliative and preventive services.

The Southside Health District is one of the 35 health districts comprising the Virginia Department of Health (VDH). In 2002, VDH created the Emergency Preparedness and Response (EP&R) Office to help Virginia be more prepared to respond to public health emergencies, whether natural or terrorist. During the same time, many communities started to develop Citizen Corps as part of President Bush's Freedom Corps. Currently, there are 26 Citizens Corps organized and officially designated in the Commonwealth.

One of the Citizens Corps is in Brunswick County, which is in Southside Health District. Having the Citizens Corps already established will greatly enhance our ability to attract and keep volunteers to the MRC. Although we plan to develop a Medical Reserve Corps in each county, we will start in Brunswick County as an outgrowth of the existing Citizens Corps.

Southside Health District has already established many linkages within the community that support the proposed MRC Project and are willing to locate volunteers and/or serve in an advisory capacity on the community advisory group (See letters of support in Appendix). Each county in the Southside Health District has an Emergency Operations Coordinator (EOC) responsible for coordinating the entire emergency management program including advising the local government on courses of action available for decision making. The EOC coordinators are responsible for the development and maintenance of the *Emergency Operations Plan*, and conveying the information to those who must implement it. For medical emergencies in the Southside Health District, the Health Director, Leland Spencer, MD, MPH, is responsible for direction and control of health/medical services during an emergency/disaster situation.

Southside Health District is served by two Chapters of the American Red Cross, the Halifax and Southside Chapters. Both chapters have expressed interest in working with our organization to

increase the health care professional capacity to staff in ongoing emergencies such as fires, hurricanes as well as other potential threats such as terrorist attacks. They serve as a liaison to the local government for providing timely help to people affected by disaster when Red Cross services are requested by the town.

Based on information from The Virginia Department of Health Professions, there are about 2700 registered and licensed health care professional in the District with 600 in Brunswick, 850 in Mecklenburg and 1290 in Halifax Counties. In addition to physicians and nurses, this list includes social workers, lab, respiratory and physical techs. We intend to invite anyone with a health background or a strong interest and a science background to participate in the Southside Health District MRC, assuming there will be things to do in a “medical area” that do not require a medical education.

The Southside Health District has been advised that the Good Samaritan law and other emergency services and disaster laws already on the book provides liability protection as long as there is no gross negligence and/or misconduct. The Virginia Assembly passed in 2003, several laws that expand liability protection for volunteers who help in a declared emergency situation [**HB 2184**].

As quoted from a Charlottesville newspaper, the *Daily Progress*:

“The law provides a limited immunity for health-care providers who respond to man-made disasters.

Large medical teams, to include many volunteers and large medical facilities, including major hospitals, are ready and willing to assist victims of such disasters. These teams and hospitals are given some protection from potential lawsuits, which state officials agree they need.

Virginia now has one of the broadest provisions of immunity from liability for health care providers and volunteers in emergencies of any state, said George Foresman, deputy assistant to Gov. Mark R. Warner for commonwealth preparedness.

State law now protects emergency services workers, firefighters, health professionals and national guardspeople who will be needed to assist victims of natural and man-made disasters.

The protections from potential lawsuits are properly limited to injuries and wrongful deaths in the absence of gross negligence and willful misconduct.”

Goals and Objectives

Project Goal: Increase capacity to respond to large scale medical emergencies and urgent public health needs in counties and towns comprising Southside Health District.

Goal 1: Develop plans for creating the Medical Reserve Corps

Objectives	Responsible Party	Timing & Measurements
1. Hire a Project Coordinator and set-up office in Southside Health District offices.	Southside Health District (SHD)-Management Team	Within 30 days of receiving the grant
2. Convene a Southside Medical Reserve Corps Advisory Board. Hold planning meeting to decide who should be invited to Advisory Board	Project Coordinator and/or SHD Emergency Planner	By November 2003
3. Determine specific needs in the communities that can be addressed by a Medical Reserve Corps	Project Coordinator	By December 2004
4. Design detailed organizational structure and team responsibilities	Project Coordinator	By January 2004
5. Identify qualifications and training needs for membership in the Medical Reserve Corps. Qualifications will be liberal to allow those with an interest, but no medical education to participate.	Project Coordinator	By February 2004

Goal 2: Recruit volunteers for the Medical Reserve Corps

Objectives	Responsible Party	Timing & Measurements
1. Develop communication tools (brochures, PowerPoint presentations) to explain role and function of the Medical Reserve Corps	Project Coordinator	By March 2004 Produced by April 2004
2. Obtain names and addresses of all registered medical persons residing in the District from the Virginia Department of Health Professions	Project Coordinator	By February 2004
3. Communicate by mail, radio, cable, newspapers and make presentations to local medical society meetings, professional associations, existing volunteer organizations, school teachers meetings, etc. for recruitment efforts	Project Coordinator	Mailing and presentation s beginning in May 2004, w/a goal of 24 presentations in 12 months.

Goal 3: Implement plan for creating the Medical Reserve Corps

Objectives	Responsible Party	Timing & Measurements
1. Assess training needs of volunteers, based on background and education.	Project Coordinator	Year one: minimum of 20 volunteers recruited & trained. (Year two: 40) (Year three: 60)
2. Develop materials based on Adult-Learning principles, and background of volunteers. Consider two-level training with basic for volunteers without medical training, and advanced for physicians and nurses.	Project Coordinator	By July 2004
3. Train and educate volunteer professionals.	Project Coordinator	By July 2004 and on-going
4. Develop methods to verify health professional credentials, such as contact the VA Dept of Health Professions for registration list, train volunteers to verify credentials, verify volunteers quarterly.	Project Coordinator	By March 2004 and on-going

Goal 4: Keep Medical Reserve Corps trained, up-dated and ready to respond.

Objectives	Responsible Party	Timing & Measurements
1. Train all volunteers in basic emergency management, incident command system, sheltering operations, First Aid and CPR.	Coordinator w/ Red Cross, VA Dept of Health and VA Dept. of Emergency Mgmt.	Start by August 2004
2. Train nurses and physicians in more advanced CPR and screening techniques.	Project Coordinator w/ Red Cross	Start by October 2004
3. Enhance local health departments and keep Medical reserve Corps involved by using them to provide health services, in accordance to their training and education	Project Coordinator working w/ Nurse Manager	Involve MRC in community services such as: Supplement health department staff for immunization, flu shots, and other health department clinics.
4. Conduct quarterly meetings of Medical Reserve Corps members to ensure networking, communications and training.	Project Coordinator for first 3 years; Volunteer driven after that	Minutes of meetings distributed to the MRC Advisory Board to track progress.
5. Conduct drill/exercise involving Medical Reserve Corps to evaluate response and training.	District Emergency Planner and Project Coordinator	Drill can be part of larger local exercise or specific to the Medical Reserve Corps. Second year of project.

Goal 5: To effectively evaluate outcomes of the Medical Reserve Corps

Objectives	Responsible Party	Timing & Measurements
1. Develop evaluation plan that includes verification of completion of goals and objectives on time.	Project Coordinator and Emergency Planner	By July 2004
2. Use of pre- and post- test following learning activities and by observations of volunteer's performance.	Project Coordinator and Emergency Planner	When training starts
3. Survey volunteers to determine confidence and capacity to fulfill role in community response.	Project Coordinator	Annually
4. Survey partnering organizations for satisfaction with 80% satisfaction rate.	Project Coordinator	Annually
5. Increase in the number of available, trained, credentialed volunteers by 5% each year	Project Coordinator	Annually
6. Participate in local drills effectively as viewed by partners.	Project Coordinator	In second year
7. Help staff at least one American Red Cross shelter, if there is one.	Project Coordinator	In second year.

BUDGET NARRATIVE

Personnel..... \$32,670

Project Director (Holt Reeves) will provide eight hours per week in-kind time. The Director and Business Manager will provide oversight to the project including development of budgets, hiring and training staff, reviewing budgets and planning the development and implementation of the project. Ms. Reeves will supervise the Project Coordinator and will be the primary contact. **In-Kind \$28,102**

Project Coordinator (Vacant) will work 30 hours per week at \$18/hour for 50 weeks. She will oversee the day to day operations of the project. This person will be responsible for the development and maintenance of the volunteer medical reserve corps registry and will oversee subcontracting for training, project evaluation study, and media campaign. They will also supervise any volunteer support staff and be responsible for planning the kick-off event, ordering supplies and equipment, and making sure that bills are paid on time. They will be responsible for all reports and will be responsible for implementing activities in the work plan including travel to meetings as required to meet project objectives. She will report to the Project Director, Holt Reeves. **\$27,000**

Project Data Specialist (Vacant) will support Project Coordinator 4 hours per week at \$30/hour for 48 weeks in the development of the core data set for the registry. The Data Specialist will have expertise in developing databases in Access, developing queries and creating reports. The Project Coordinator (Vacant) will supervise this position. **\$5,670**

Fringe Benefits Medicare & Social Security (7.65%)..... \$2,500

Travel \$813

Project Coordinator will be required to attend meetings, to build linkages and partnerships, throughout the year in order to meet the objectives of the grant. They will receive \$032.5 per mile and will travel approximately 2,500 miles the first year. They will be required to attend meetings.

Equipment\$2,500

Equipment to be purchased as a one time only expense is a desktop personal computer and software package to develop databases, work processing and development of brochures. Also purchases include a desk, chair, cell phone for two staff and two-way radio sets (2).

Supplies\$1,500

Project supplies to be purchased are paper, envelopes, postage for mailing of 1,000 pieces, printing, advertising, brochures, posters and business cards.

Contractual \$6,500

Consultant to conduct a study to analyze the capital and project needs for increasing capacity for sheltering in Mass Care situations, meeting the Red Cross requirements for staffing a shelter. A community needs assessment will be conducted to assess long term community needs of a volunteer medical reserve corps. A report will be written with recommendations and projected costs of capital improvement and training as well as a timeline for implementation. . **\$1,500**

Media Consultant/Use to develop and implement a media campaign including radio, newspaper and other mediums promoting recruitment and retention of voluntary health care professionals. **\$3,000**

Training Consultant to assess training needs of those volunteers recruited. Consultant will develop a written training plan to be implemented in Year two of the grant. One workshop/conference will be conducted in Year one to provide volunteers with an overview of roles and responsibilities. Consultant will facilitate the provision of CEU's for nurses and other disciplines and CME's for physicians. **3,000**

Other \$1,156

Internet services will be provided so that the Project Coordinator can conduct literature searches as needed to enhance the effectiveness of the program and communicate electronically. Stipends for advisory members who are not coming as a part of their work will be provided at a rate of \$15 per meeting plus \$0.325 per mile. Refreshments will be provided for meetings.

Total Direct Charges\$47,639

Indirect Charges (5%)\$ 2,361

Implementation Plan

Our plan is to hire a program coordinator who will work with the Emergency Planner at the Southside Health District and Emergency Operations Coordinators in the three counties, along with our other partner agencies to recruit, train, equip, structure and evaluate the Medical Reserve Corp.

She will convene an Advisory Board from partnering organizations. See Appendix 8 for a list of potential Advisory Board members. Recruiting strategies include meeting with medical societies, hospital staff, and retired health care professional representatives, making presentations to appropriate local civic and church groups regarding the Corps, enlisting the aid of respected physicians and others to recruit members one on one, radio and Cable TV spots and mass mailings to all licensed health care and mental health providers in the area.

Summary of Existing Relevant Community Resources

Essential linkages in the community are the fire and rescue departments. There are about 30 fire departments in the District, most of which are staffed by volunteers. The District has attended monthly meetings with the fire and rescue squads and made presentations to staff about Smallpox, West Nile Virus and SARS. These contacts will be used to develop the Medical Reserve Corps. Currently, the District is establishing a relationship with different police and sheriffs' departments by offering emergency management courses to all of the "first responder" community. There are two American Red Cross Chapters serving the District. There two hospitals and three school systems in the District that are interested in helping this project. There are three large Black Baptist Church Associations and a mission program in the District that already offer some health screenings.

The role the Southside Health District Medical Reserve Corps will play in relationship to existing services is one of support and coordination of volunteer health care professionals not routinely involved in response to emergencies. These health care professionals will only be deployed when services become overwhelmed and the Emergency Operations Coordinators request assistance from the Southside Health District Medical Reserve Corps.

The MRC will also be available to assist in public health emergencies or large-scale initiatives that could overwhelm the medical system such a mass immunization clinic for the entire community or communicable disease outbreak follow-up.

The Southside Health District Medical Reserve Corps Project will work with all existing groups such as the American Red Cross Chapters, Emergency Operations Coordinators, Fire and Rescue departments, law enforcement agencies, hospitals, churches and church associations, civic and community agencies to develop and establish the Southside Health District Medical Reserve Corps.

Key Project Staff and Current Structure

The Southside Health District is one of the 35 health districts comprising the Virginia Department of Health. See Appendices 2, 3, 4 for the structure to the Virginia Department of Health, and Appendix 5 for the District Organizational structure. The Medical Reserve Corps Coordinator will report directly to Holt Reeves, the Project Director and indirectly to Dr. Leland Spencer, the Health Director. The Southside Health District Director will provide oversight to this project, with the business manager overseeing the funds and working with the MRC Project Coordinator to submit reports in a timely manner. An organizational chart of the Project is in Appendix 6.

The Project Director, Holt Reeves, MPH, RD has extensive public health experience with personal and professional linkages to the majority of the key agencies required to assist this project. Ms. Reeves' work history includes public health nutrition work in North Carolina, California and Virginia Health Departments, both at local and state levels. She has worked at the Virginia Department of Health as a trainer for five years and in the District as the Emergency planner for four months. See Appendix 11 for resume.

Evaluation

The Southside Health District Medical Reserve Corps Project's success will be measured by the following outcomes:

1. Number of available, trained, credentialed volunteers.
2. Number of training opportunities conducted will increase from one in year one to at least four annually in subsequent years.
3. Capacity to staff one or more existing American Red Cross shelters in the District by the end of year two of the grant.
4. Survey results of partnering organizations will demonstrate at least 80 percent satisfaction that MRC Project is appropriately integrated into the existing emergency response infrastructure.
5. Successfully participating in at least one emergency drill with the local community.
6. MRC volunteers feel confident and comfortable functioning as volunteer in drill or real situations.

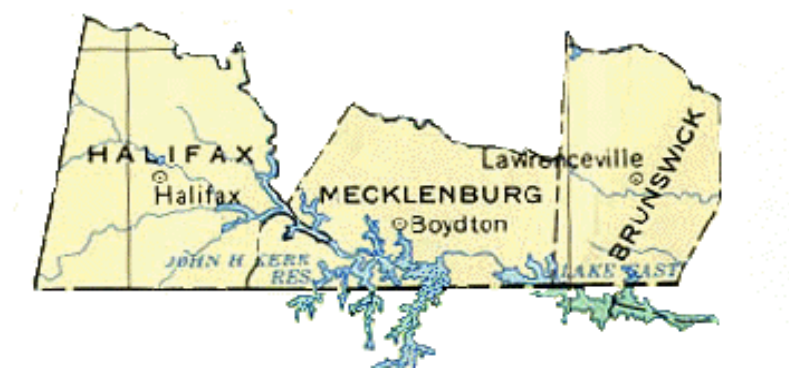
Statement of Willingness to contribute written information to the Office of the Surgeon General

The Southside Health District Medical Reserve Corps Demonstration Project will gladly contribute written information about experiences and lessons learned as well as any materials developed to facilitate the implementation and success of the project. Demonstration projects such as this are critical to the development and sustainability of additional programs. Required reports will be completed and submitted according to the cooperative agreement.

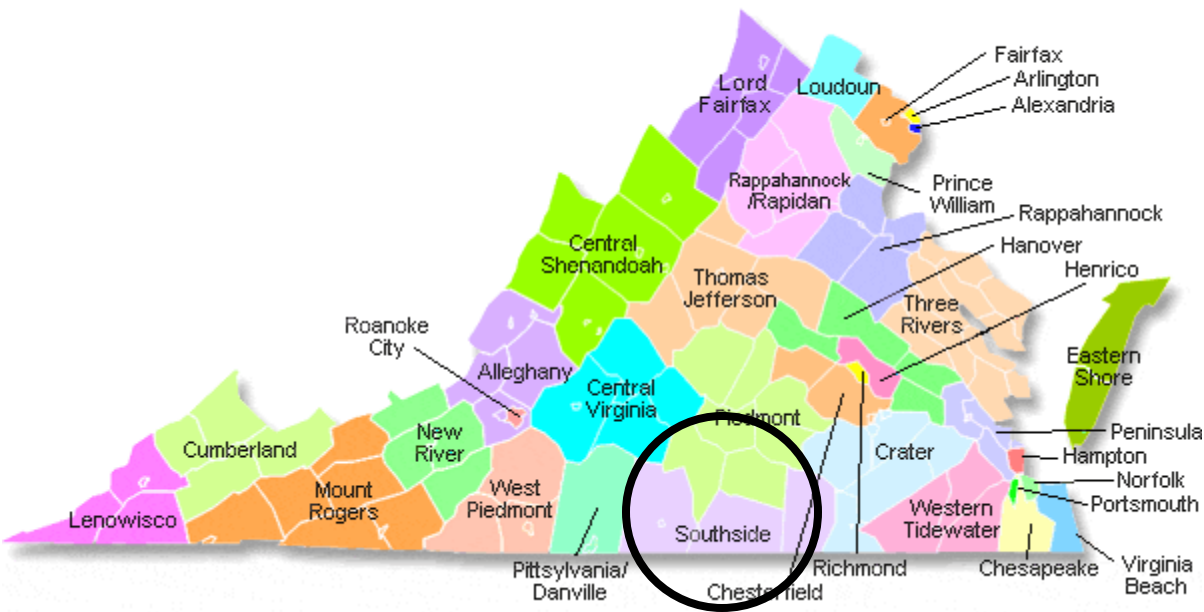
Statement of willingness to discuss with the Office of the Surgeon General Medical Reserve Corps staff regarding technical assistance needs.

The Southside Health District Medical Reserve Corps Project will communicate technical assistance needs, including justification, to the assigned technical advisor provided by the grantor. Technical assistance needs may include assistance with planning and implementation of drills (table and field), supply and equipment acquisition plans as well as evaluation approaches.

Appendix 1



Southside Health District

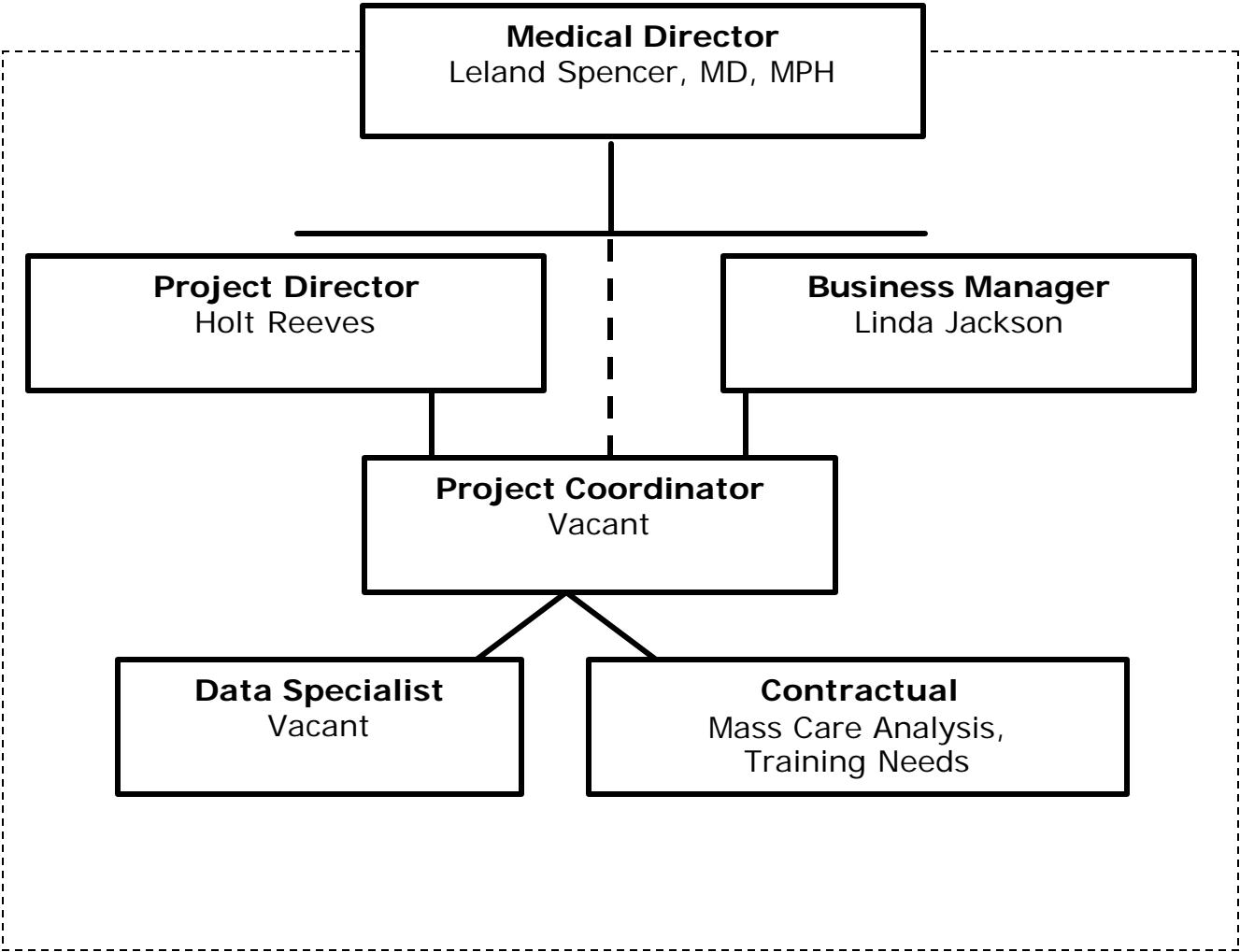


Appendix 5

The Southside Health District Organizational Chart

Appendix 6

Southside Health District Medical Reserve Corps Organization



Appendix 7

Job Descriptions and Responsibilities

Program Coordinator: Position To Be Hired

Responsibilities: The program manager will be responsible for the day-to-day operations of the medical reserve Corps. He or she will engage in volunteer recruiting and retention activities, organize and analyze data related to the program, ensure that volunteers receive appropriate training, establish Corps communication mechanisms, track Corps activities, prepare reports, and other related duties.

Project Data Specialist: Position to Be Hired

Responsibilities: The Project Data Specialist will support Project Coordinator in the development of the core data set for the registry. The Data Specialist will have expertise in developing databases in Access, developing queries and creating reports.

Project Director: Holt Reeves

Responsibilities: The Director will train and supervise the program coordinator, assist with recruiting and retention activities, and participate in program evaluation.

Business Manager: Linda Jackson

Responsibilities: The Business Manager will provide overall financial oversight, billing and completing reports in a timely manner.

Health Director: Leland Spencer, M.D., M.P.H.

Responsibilities – The Director will provide overall program administration and will assist in recruiting activities through media interviews, news articles, and making presentations to groups of health care professionals.

Appendix 8

List of Potential Advisory Board Members

Brunswick County Citizens Corps
Brunswick County Public Schools
Brunswick County Emergency Operations Coordinator
Brunswick County Rescue Squads
Halifax County Administration
Halifax County Emergency Operations Coordinator
Halifax County Fire Chiefs Association
Halifax County Sheriff's Department
Halifax County Rescue Squad
Brunswick County Mental Health Department
American Red Cross- Halifax Chapter
American Red Cross- Southside Chapter (Brunswick & Mecklenburg Counties)
Halifax Regional Hospital
Community Memorial Healthcenter
Halifax County Public Schools
Halifax County Mental Health Department
Mecklenburg County Public Schools
Mecklenburg County Fire Chiefs Association
Mecklenburg County Emergency Operations Coordinator
Mecklenburg County Emergency Operations Center
Mecklenburg County Sheriff's Department
Mecklenburg County Rescue Squads
Mecklenburg County Mental Health Department
Sunnyside Association of Baptist Churches
Bannister Association of Baptist Churches
Staunton Association of Baptist Churches
Open Door Mission- Faith-based community organization
Independent pharmacies in each county
Medical Societies in each county.
Nursing Associations in each county

Appendix 9

Southside Health District Demographic Data

People QuickFacts	Brunswick	Halifax	Mecklenburg	VA
Population, 2001 estimate	18,292	37,074	32,325	7,187,734
Population percent change, April 1, 2000-July 1, 2001	-0.7%	-0.8%	-0.2%	1.5%
Population, percent change, 1990 to 2000	15.2%	3.7%	10.7%	14.4%
Persons 65 years old and over, percent, 2000	14.5%	17.1%	17.8%	11.2%
White persons, percent, 2000 (a)	42.0%	60.3%	59.2%	72.3%
Black or African American persons, percent, 2000 (a)	56.9%	38.0%	39.1%	19.6%
Language other than English spoken at home, pct age 5+, 2000	2.1%	2.6%	4.0%	11.1%
High school graduates, percent of persons age 25+, 2000	63.2%	63.9%	67.8%	81.5%
Bachelor's degree or higher, pct of persons age 25+, 2000	10.8%	9.5%	12.1%	29.5%
Median household money income, 1999	\$31,288	\$29,929	\$31,380	\$46,677
Per capita money income, 1999	\$14,890	\$16,353	\$17,171	\$23,975
Persons below poverty, percent, 1999	16.5%	15.7%	15.5%	9.6%
Business QuickFacts	Brunswick	Halifax	Mecklenburg	Virginia
Retail sales per capita, 1997	\$2,980	\$5,863	\$8,796	\$9,293
Minority-owned firms, percent of total, 1997	36.1%	20.2%	12.1%	14.9%
Women-owned firms, percent of total, 1997	32.1%	25.7%	17.8%	27.5%
Geography QuickFacts	Brunswick	Halifax	Mecklenburg	Virginia
Land area, 2000 (square miles)	566	819	624	39,594
Persons per square mile, 2000	32.5	45.6	51.9	178.8
Metropolitan Area	None	None	None	

Source: US Census Bureau State & County QuickFacts

Appendix 10

Southside Health Data

Vital Event	Virginia	Planning Dist. 13
Percent Non-Marital Births	30.4	50.8
Low Weight Birth Percent of Total Births	7.9	10.0
Death Rate/1,000 Estimated Pop (All Ages)	7.8	12.0
Diseases of Heart Rate/100,000	206.3	342.1
Malignant Neoplasms Rate/100,000	184.5	270.3
Cerebrovascular Diseases Rate/100,000	57.1	112.9
Chronic Lower Respiratory Diseases Rate/100,000	38.0	53.6
Unintentional Injury Rate/100,000	32.6	51.3
Pneumonia and Influenza Rate/100,000	20.5	42.2
Diabetes Mellitus Rate/100,000	22.4	35.4
Septicemia Rate/100,000	15.1	37.6
Nephritis and Nephrosis Rate/100,000	15.6	21.7
Alzheimer's Rate/100,000	16.4	18.2
Chronic Liver Disease Rate/100,000	7.3	13.7
Homicide and Legal Intervention Rate/100,000	7.0	9.1
2001 Census Population	7,187,734	87,691

Source: Virginia Health Statistics, County Profiles, 2001

Appendix 12 Virginia Legislation Related to Emergencies

<p><i>Certain immunity for health care providers during man-made disasters under specific circumstances</i></p> <p><i>Provides, in the absence of gross negligence or willful misconduct, that any health care provider who responds to a man-made disaster (terrorist attack or War) and delivers health care to persons injured may receive appropriate immunity from civil liability. This would apply to situations when the health care provider may not be able to deliver their services because of an excess number of patients or contamination resulting from chemical, biological or radiological weapons. This shall only apply in cases of terrorist attack or war and when a state or local emergency has been declared and the provider was unable to provide the requisite health care because of the provider's voluntary or mandatory response to the man-made disaster. This statute also provides, in the absence of gross negligence or willful misconduct, immunity to any hospital or other credentialing entity for any cause of action arising out of such credentialing or granting of practice privileges. This shall apply only in cases where a state or local emergency has declared relating to such man-made disaster and if the hospital has followed procedures for such credentialing and granting of practice privileges that are consistent with the Joint Commission on Accreditation of Healthcare Organizations' standards.</i></p>	<p><u>HB 2184</u></p>
<p><i>Health practitioner contact information for a public health emergency</i></p> <p><i>Authorizes the Department of Health Professions to require, on behalf of the Department of Health, that certain health practitioners report email address, telephone number and facsimile number that may be used to contact them 24 hours per day in the event of a public health emergency. These email addresses, telephone numbers and facsimile numbers will only be used for transmitting emergency information and would not be available for any use other than emergency notification.</i></p>	<p><u>HB 2182</u></p>
<p><i>Administering or dispensing of drugs; disaster or emergency</i> Permits the Commissioner Of Health to authorize certain non-licensed professionals to administer or dispense drugs or devices when mass distribution is needed in response to a public health emergency. The provisions would be limited to situations when (i) the Governor has declared a disaster or a state of emergency caused by an act of terrorism or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bio-terrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. These professionals would act under the direction, control and supervision of the Commissioner of Health. The bill requires the Departments of Health Professions to develop capabilities that address the required training of persons and procedures for them to use in administering or dispensing drugs or devices safely.</p>	<p><u>HB 2183</u></p>